

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033085

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5904 Registrar's No. 127

VS 300  
Rev. 4/59

0780

0780

3

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99/91

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11 078

12 90-3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Butler Township</i>		c. CITY OR TOWN <i>Portageville</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Near Home</i>		d. STREET ADDRESS (If outside, give location) <i>Rt #2</i>	
3. NAME OF DECEASED (Type or print) First <i>Edward</i> Middle <i>Willard</i> Last <i>Gleener</i>		4. DATE OF DEATH Month <i>August</i> Day <i>28</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/29/1925</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	9. AGE (last birthday) <i>38</i>
11a. FATHER'S NAME <i>Harry Gleener</i>		11b. BIRTHPLACE (City and state or country) <i>Malden, Missouri</i>	
12a. MOTHER'S MAIDEN NAME <i>Murtle</i>		12b. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes W. W. II</i>		14. NAME OF HUSBAND OR WIFE <i>Benlah Simmons</i>	
15. SOCIAL SECURITY NO. <i>W. W. II</i>		16. INFORMANT <i>Mrs. Benlah Gleener</i>	
17. ADDRESS <i>Portageville, Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wound in neck</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Gun accidentally dis-charged while hunting</i>	
20c. TIME OF INJURY Hour <i>about 9 A.M.</i> Month, Day, Year <i>8-28-63</i>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i>		20f. CITY, TOWN, OR LOCATION <i>Near Hayward</i>	
20g. COUNTY <i>Pemiscot</i>		20h. STATE <i>Missouri</i>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <i>about 9 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James G. Dobson</i> (Degree or title) <i>Coroner</i>		22b. ADDRESS <i>Wardell, Mo.</i>	
22c. DATE SIGNED <i>8-28-63</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8/30/1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Portageville Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Portageville, Missouri</i>
24. FUNERAL DIRECTOR <i>Delisle Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>8-31-63</i>	
26. ADDRESS <i>Portageville, Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Joseph A. DeFusse*

Licensed Embalmer No. 4481

P. O. Address Portageville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.